

# Transforming Washington's Behavioral Health System: Community Capacity Updates

**Presentation to the Behavioral Health  
Recovery System Transformation Task Force**

September 25, 2020



Washington State  
Health Care Authority

# Gov. Inslee puts forward plan to significantly increase community-based treatment

*Washington's behavioral health system is based on an outdated model of care. We know the best way to treat patients is in the community and in smaller facilities that help them stay closer to home. Yet today, we lack enough community-based treatment options. This puts too much of a burden on our aging, oversized state psychiatric hospitals, where staffing and safety concerns strain treatment efforts. Meanwhile, a host of other problems — such as opioid abuse and a shortage of mental health treatment professionals — further stress our treatment systems. Gov. Jay Inslee's 2019–21 state operating and capital budgets make significant investments to help transform our system of care.*

[https://ofm.wa.gov/sites/default/files/public/budget/statebudget/highlights/budget19/19-21-behavioral-health\\_0.pdf](https://ofm.wa.gov/sites/default/files/public/budget/statebudget/highlights/budget19/19-21-behavioral-health_0.pdf)

**DSHS – BHA**  
(SHB1102)

- 16-bed DSHS Facility for civil commitments
- Two 48-bed DSHS Facilities
- Forensic Hospital between 250-350 beds on the current grounds of Western State Hospital.

**DSHS – ALTSA**  
(2SHB1394)  
(ESHB1109)

- Increase provider skill and competence to serve population
- Behavioral health technical assistance with regulations
- Develop additional ESFs
- Supportive Housing and rental subsidies
- Specialized dementia beds
- Add new strategic plan measures

**HCA – DBHR**  
(2SHB1394)  
(ESHB1109)

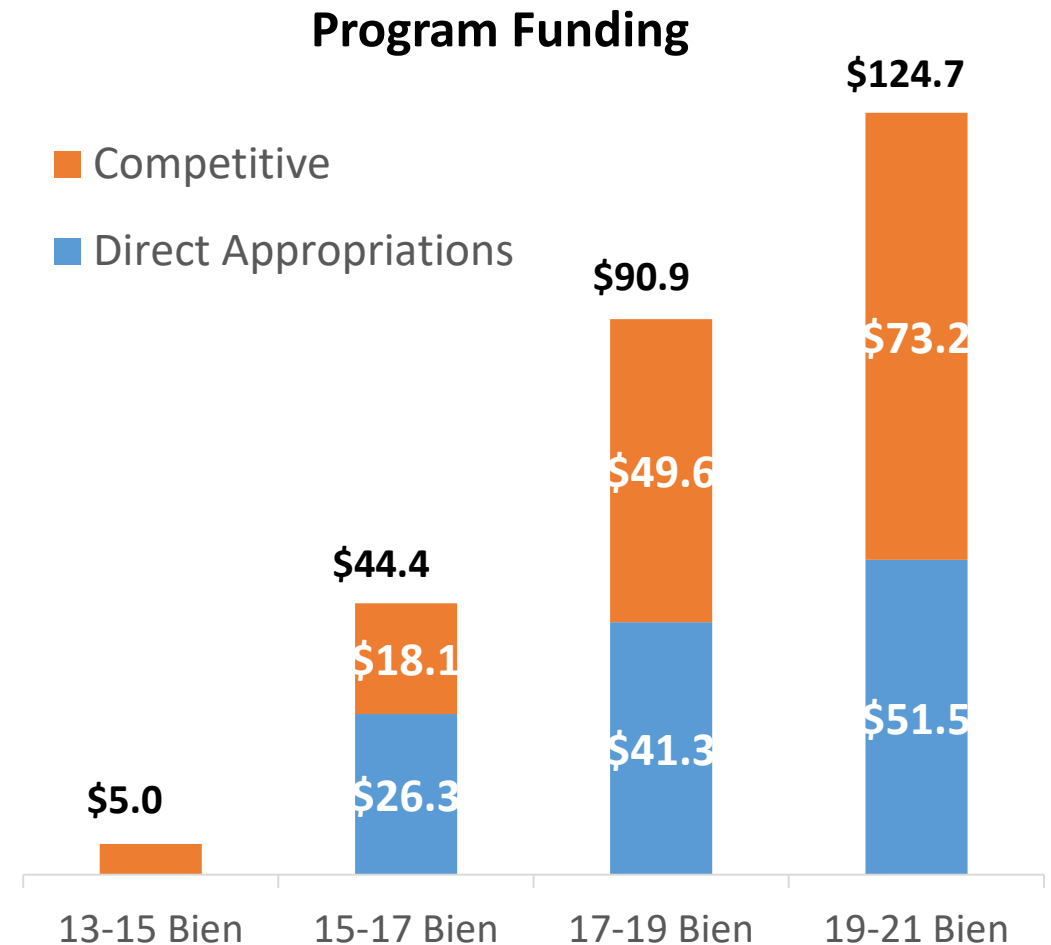
- 8 PACT Teams
- Intensive Residential Treatment Teams
- MH Drop-in Center Pilot
- Peer Respite
- BH Intensive Facilities
- 90-180 civil bed capacity within community settings

**Commerce**  
BH Capacity Grants  
(SHB1102)

- 2 ESF
- 4 Intensive BH treatment facilities
- 4 peer respite centers
- ESF for long-term placement of dementia
- Hospitals/freestanding E&Ts for 90-180 day capacity
- Community BH grants to address regional needs

# Commerce Behavioral Health Facilities Program

- **140 awards to a variety of behavioral health facility types, including:**
  - Enhanced Services Facilities
  - Secure Withdrawal Management
  - Children and Minor Youth
  - Dementia Care
  - Crisis Stabilization
  - 90/180 Day Civil Commitments
  - Evaluation and Treatment



# Operating Budget Capacity Summary ('17-21)

Behavioral Health Projects	New Beds/ Slots Funded	New Beds/ Slots Opened
HCA Community Civil	227	70
HCA Residential Stepdown	32	8
HCA Crisis Beds	112	62
HCA Intensive BH Facilities	32	0
HCA Substance Use Residential – PPW	32	10
Secure Detox	96	60
DSHS State Hospital Forensic Beds	143	125

Alternative Discharge Projects	New Beds/ Slots Funded	New Beds/ Slots Opened
ALTSA Enhanced Service Facilities*	94	32
ALTSA Other Settings*	246	234
DDA BH State Operated Living Alternatives	39	26
DDA Stabilization Assessment Intervention Facility**	6	0

\*ALTSA numbers do not include investments from the '17-19 biennium.

\*\* SAIF staff funding FY21; facility funding needed in FY22.

# Capital Budget Capacity Summary ('17-21)

Behavioral Health Projects	New Beds/ Slots Funded	New Beds/ Slots Opened
Forensic Hospital	350	In Progress
State Hospital Forensic Beds	102	In Progress
Community Mixed Use Facilities	96	In Progress
State Operated 16-Bed Long- term Inpatient Facilities	16	In Progress

# HCA- DBHR Projects

- Peer Respite:
  - Funding is provided to establish peer respite centers. DOH established requirements for licensed and certified community behavioral health agencies to provide mental health peer respite center services and establish physical plant and service requirements to provide voluntary, short-term, noncrisis services that focus on recovery and wellness;
  - Licensed and certified agencies are required to partner with the local crisis system including, but not limited to, evaluation and treatment facilities and designated crisis responders;
  - Peer Respites must be peer run/operated.
  - Services are limited to a maximum of seven days in a month;
  - Peer Respite services are limited to individuals who are experiencing psychiatric distress, but do not meet legal criteria for involuntary hospitalization under chapter 71.05 RCW; and must be at least eighteen years of age.
  - **Update:** DBHR worked closely with DOH on rules and stakeholder engagement. Dept. of Commerce provided national TA funds to create program guidelines to assist organizations establish peer respite centers. Dept. of Commerce has released capital funding and DBHR will work with the successful bidders to implement peer support services within those settings.

# HCA- DBHR Projects

- BH Intensive Facilities
  - Funding is provided for a new community facility type to address the need for additional discharge placements for individuals leaving the state psychiatric hospitals. Intensive BH facilities serve individuals who possess higher levels of BH challenges than existing alternative BH facilities cannot accommodate.
  - **Update:** DOH has completed the rules/certification for new facility types. Dept. of Commerce issued RFP for capital. DBHR completed guidelines with TA funds from Dept. of Commerce for the ‘programmatic’ services to be delivered within the facilities.



# HCA- DBHR Projects

- 90-180 day civil bed capacity within community settings
  - Services for individuals on 90-day and 180-day commitments are traditionally provided in state hospitals. Funding is provided for new community bed capacity to deliver MH services to individuals on 90-day and 180-day civil commitments in their local community. These beds will be located in a mix of community hospital and E&T treatment center settings.
  - **Update:** HCA continues recruitment efforts to contract for additional capacity with community hospitals and free-standing E&Ts. A Toolkit has been finalized to assist facilities with recovery focused information and includes evidenced based/best practices for individuals in a long term setting. DBHR staff participated on Dept. of Commerce RFP for capital funds for additional beds.

# BHA Bed Capacity Expansions ('17-21)

Budget Year	Project Location	# of Beds	Status
2017-19 Operating	Western State Hospital	30	Completed
2018 Supplemental	Western State Hospital	15	Completed
2018 Supplemental	Ft. Steilacoom Competency Restoration	30	Completed
2018 Supplemental Capital	Western State Hospital (E3, E4 Ward Conversions)	42	Under construction (Estimated completion Q4 2020)
2019-21 Operating	Eastern State Hospital (1N3, 3N3 Wards)	50	Completed
2019-21 Operating	Child Study and Treatment Center (San Juan Cottage)	18	Under construction. (Estimated completion FY 2022).
2019-21 Capital	Western State Hospital (F9 & F10 Wards – “Shovel Ready” beds)	60	Under construction. (Estimated completion FY 2022)

# BHA Bed Capacity Expansion (Projected)

Project	# of Beds	Status	Projected Completion
New Forensic Hospital – Western State Campus (Lakewood)	350	Predesign in progress. Construction not yet funded.	2027
New Civil Behavioral Health Facility (Vancouver)	48	Design in progress. Construction not yet funded.	2023
New Civil Behavioral Health Facility (Grand Mound)	16	Design in progress. Construction not yet funded.	2023
New Civil Behavioral Health Facility (Tulalip Tribal Partnership)	48	Preplanning and site selection under way.	2023
Yakima Competency Restoration	(-24)	Per Trueblood settlement, Yakima and Maple Lane competency restoration facilities must close by a certain date, reducing capacity.	Close by 2021
Maple Lane Competency Restoration	(-30)		Close by 2024

# BHA – Bed Capacity Proposals ('21-23)

Proposal	# of Beds
Eastern and Western State Hospitals – Civil Ward Reductions	(-330)
Western State Hospital – Competency Restoration Ward Expansion (Two 29 bed wards)	58
Maple Lane – Columbia Cottage	30
Child Study and Treatment Center -- Delay start of San Juan Cottage until FY 2024	18 (delayed 2024)
Child Study and Treatment Center – New cottage	18

# Appendix



# ALTSA Capacity Expansions ('19-21)

Project (\$49.9M Total Funds)	Targeted Capacity	Status
<b>Building provider capacity:</b> Enhanced Services Facilities	94	16 in FY19; 16 licensed 8/2020; 32 built, not licensed anticipated FY 21; 60 not built, but planning to build in FY 21.
Dementia Specialty Contracts	100	34 contracted in Tacoma; expansion in Spokane. More providers interested – expanding this contract (Spokane and Everett)
Supportive Housing	60	90 individuals have moved into independent housing with supportive housing supports
Residential (AFH, ARC)	86	Capacity for 110 beds in specialty EARC contracts; with another 14 expected to come on line in FY 21.
<b>Staff and other supports:</b> AAA Case Management	1:70 case staffing	Executed in AAA contracts for SFY21
DSHS Staffing, training and consultation and on-line training	17.6 FTE	Positions hired–note the hiring freeze

# ALTSA Capacity Proposals ('21-23)

Proposal (\$16.9M Total Funds; 11.1 FTE)	# of Beds
<b>Building provider capacity:</b>	
Mental Health Specialty Enhanced Adult Residential Care (EARC)	60 beds
Dementia Care Program	60 beds
<b>Staffing:</b>	
Home and Community Services Case Management and Diversion	8.1 FTE
Mental Health Nurse	1 FTE
Contract Monitoring	2 FTE

# DDA Bed Capacity

Budget Year	Type of Beds	# of Beds	Status
2017-19 Operating	State Operated Living Alternatives (SOLA) - Behavioral Health Beds	15	All beds filled.
2019-21 Operating	State Operated Living Alternatives (SOLA) - Behavioral Health Beds	24	11 completed, and 4 are in-progress. Remainder to be filled by end of FY21
2019-21 Operating	Stabilization Assessment Intervention Facility (SAIF)	6	SAIF staff funding FY21; facility funding in FY22.



## HCA - DBHR Projects

- 8 PACT Teams:
  - Funding is provided for eight additional PACT teams statewide. SFY20 is provided for three full teams and two 1/2 teams. SFY21 provided an additional three teams.
  - **Update:** RFP was released for FY20 funds – apparent successful bidders were announced in Great Rivers, King, Pierce, North Sound, SW regions. Covid has affected some hiring. Remaining 3 teams will be procured in SFY21
- Intensive Residential Treatment Teams:
  - Funding provided for 4 Discharge wraparound teams for adults discharging or being diverted from the state psychiatric hospitals into alternative community placements. Successful bidders were announced in King, Pierce, Spokane and Great Rivers Region. Providers are in the process of hiring staff. Covid has affected some hiring.

# HCA - DBHR Projects

- MH Drop-in Center Pilot:
  - Funding is provided for a pilot program to create a mental health drop-in center. The mental health drop-in center services shall provide a peer-focused recovery model during daytime hours through a community based, therapeutic, less restrictive alternative to hospitalization for acute psychiatric needs. The program shall assist individuals in need of voluntary, short-term, noncrisis services that focus on recovery and wellness. individuals may refer themselves, be brought to the center by law enforcement, be brought to the center by family members, or be referred by an emergency department. DBHR is modeling the facility after a 23 Hour/Living Room model.
  - **Update:** Due to challenges with implementing these service given the parameters within the bill and the budget, DBHR is not able to implement this pilot at this time.